



1208 Birmingham Street
Tallahassee, Florida 32304
Office (850) 222-0561; Fax (850) 222-1708

All Application Packets Include

**THE FOLLOWING ITEMS SHOULD BE READ BY THE APPLICANT AND KEPT
FOR YOUR RECORDS:**

- *Application directions
- *Tenant Selection Plan
- *Fact Sheet: How your rent is determined
- *Fraud “Is It Worth It” Pamphlet
- *EIV and You Brochure

**THE FOLLOWING ITEMS SHOULD BE READ, COMPLETED, SIGNED, DATED
AND RETURNED TO MIRACLE VILLAGE, INC.**

- Application for housing
- HUD-92006 Supplement to application for federally assisted housing
- Social Security and Supplementary income verification form
- Asset Verification form
- Race & Ethnic Data Reporting Form
- HUD-9887/9887-A Notice of Consent to Release Information
(A copy will be given to you for your records once signed.)
- Consent Form Disclosure of Information
- Landlord Reference
- Tenant’s Self Certification form
- Verification for Need of an Accessible Unit



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Application Directions

Thank you for your interest in Miracle Village, Inc. Please return the following information as soon as possible:

1. ____ Complete all questions (*do not leaves any blanks/do not white out*)
2. ____ Only answer questions as they apply to the applicant (*person applying for apartment*) these apartments are for senior citizens at least 62 years of age.
3. ____ Present original document of your driver's license, birth certificate, or picture identification (*a copy will made and the original returned to you*)
4. ____ Present the original document of your social security card (*a copy will be made and the original returned to you*)
5. ____ Marriage License or Divorce Decree(if applicable)
6. ____ Proof of income for each member of the household. Examples of sources of income: Social Security, SSI, Unemployment, Disability, Pensions, Public Assistance, Employment, Retirement, etc. (***Must include name, address and phone number.***)
7. ____ Proof of assets for each member of the household. Examples of Assets: Bank Account, Certificate of Deposits, Stocks, bonds Annuities, Trusts, Real Estate, etc. (***Must include name, address and phone number.***)
8. ____ If Checking Account exists please submit the last six (6) most recent bank statements (***Must include name, address and phone number.***)
9. ____ If Savings Account exists please submit the most recent bank statement. (***Must include name, address and phone number.***)
10. ____ Proof of any medical expenses that you pay out of pocket or expect to pay during the next twelve months (Must include name, address and phone number _____ through _____)
11. ____ Schedule an appointment to come in for a tour and to review application and ask questions

Thank You
Miracle Village, Inc. Management





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Office Use Only	
Date _____	Time _____
Received By: _____	
Income Level: VL----- / EL-----	

APPLICATION FOR ADMISSION

Applicant Name: _____

Other Names Used: _____

Social Security Number: _____ Age: _____ Sex: _____ Male _____ Female

Date of Birth: _____ Place of Birth: _____
(City/State)

Current Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Work: _____ Cell: _____

Spouse Name: _____

Social Security Number: _____ Age: _____ Sex: _____ Male _____ Female

Date of Birth: _____ Place of Birth: _____
(City/State)

How did you learn about the facility? _____

Are you a former tenant of this facility? _____ If yes, When? _____

EMERGENCY CONTACT INFORMATION

List names, addresses and telephone numbers of two (2) relatives or friends who generally know how to contact you and can be notified in case of emergency.

Name: _____

Address: _____

City: _____ State: _____

Telephone: _____ Cell: _____

Relationship to Applicant: _____

Name: _____

Address: _____

City: _____ State: _____

Telephone: _____ Cell: _____

Relationship to Applicant: _____

HOUSEHOLD COMPOSITION AND CHARACTERISTICS *(List all other family members who be living in the unit. Give the relationship of each family member to the head of household.)*

Name *(First and Last Name)* _____

Relationship to Head of Household _____

Date of Birth _____ Age _____ Sex: _____ SSN _____



Name (First and Last Name) _____

Relationship to Head of Household _____

Date of Birth _____ Age _____ Sex: _____ SSN _____

Name (First and Last Name) _____

Relationship to Head of Household _____

Date of Birth _____ Age _____ Sex: _____ SSN _____

INCOME INFORMATION

List all income sources for each member of the household. Example of sources of income: Social Security, SSI, Unemployment, Disability, Pensions, Public Assistance, Employment, Retirement, etc.

Household Member Name	Monthly Amount	Source

EMPLOYMENT EARNINGS (Present)

Name of Employer: _____

Address: _____

City: _____ State: _____

Telephone: _____ How long have you been employed here: _____

Hourly Rate: _____ Annual Salary: _____

ASSET INFORMATION

Type of Asset	Value/Balance of Asset	Name of Bank	Account #

Do you own a home or other Real Estate? _____

Have you sold or given away any Real Property or other Assets in the past two years? _____

If yes, what is the current market value of the Assets? \$ _____



EXPENSES

Do you pay for a care attendant or any equipment for the disabled member(s) of the family to permit that person or someone in the family to work? _____

If yes, describe expenses: _____

Do you have Medical Insurance? _____ If yes, what is the premium \$ _____

Do you have any other kind of Medical Insurance? _____

If yes, what is the name of the insurance _____

Do you have any outstanding medical bills that you are paying? _____

Do you expect to have any medical expenses during the next twelve (12) months? _____

If yes, list the amount of the medical expenses _____

PRESENT LANDLORD

Name: _____

Address: _____

Telephone: _____ Hours of Operation: _____

Have you ever been evicted? _____ If yes, explain: _____

Miscellaneous

Are you living in a government subsidized unit? _____

Has your residency of government assistance in a subsidized housing program ever been terminated for fraud, non-payment of rent, or failure to comply with recertification procedures? Yes _____ No _____

Will this unit be your only place of residence? Yes _____ No _____

If yes, please explain: _____

Do you own a motorized vehicle (car, truck, motorcycle, etc.)? Yes _____ No _____

If yes, license# _____

Are you or any other member listed on this application, required to a lifetime state sex offender registration program: Yes _____ No _____ If yes, what State _____

(Failure to respond to the question may jeopardize the approval of the application)

Have you or any other household member listed on this application ever been convicted of a felony?

Yes _____ No _____ If yes, please explain _____

(Failure to respond to the question may jeopardize the approval of the application)



CREDIT REFERENCES

- 1. _____
- 2. _____
- 3. _____

COMMENTS/ADDITIONAL INFORMATION

APPLICANT RELEASE/CERTIFICATION

I/We understand that the information listed in this application is being collected to determine my/our eligibility for Miracle Village. I/We authorize the owner to verify all information provided on this application that may include but is not limited to, previous and current Landlord inquiries, police reports and/or other resources for credit and verification information which may be released to the appropriate federal, state or local agencies.

I/We certify that the statements made in this application are true and complete to the best of my knowledge and belief. I/We understand that false statements or information are punishable under federal law and that my/our application could be rejected for providing false information.

I/We certify that if selected to move into this housing community, the unit I/We occupy will be my/our residence.

Printed Name of Head of Household

Signature of Head of Household

Date

Printed Name of Spouse

Signature of Spouse

Date

Printed Name of Management or Designee

Signature of Management or Designee

Date

Revised 03/0/16





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DISCLOSURE OF INFORMATION CONSENT FORM

A separate form must be completed for each household member over the age of 18.

Applicant Name: _____ Home Phone#: (____) _____

Social Security Number _____ - _____ - _____ Date of Birth: ____/____/____

Present Address _____ Previous Address _____

I hereby give consent to management of the above named apartment community to obtain an investigative consumer report and to access any records pertaining to me, which may be on file at any:

- | | |
|------------------------------|---|
| Credit Agency | Local or State Agency |
| Law Enforcement Agency | State or Local Repository |
| City, State or Federal Court | State or Local Sexual Offender Registry |

I understand that I do not have to sign this consent form if it is not clear who will provide the information or who will received the information.

I do understand the investigation will include information from law enforcement agencies, credit reporting agencies, and other documents of public records, and these reports will be used in making decisions about my potential tenancy. I hereby authorize any agency contacted to furnish any and all information required. This releases the aforesaid parties from any liability and responsibility for providing the above information at any time.

I further understand that this report will not be used in violation of any Federal or State Equal Opportunity Law or Regulation, and that, if any adverse action is to be taken based on the Consumer report, a summary of my rights under the Fair Credit Reporting Act will be provided to me.

Title 18, Section 1001 of the U. s. code states that a person is guilty of a felony for knowingly and willingly make False or fraudulent statement to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subjected to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based of this verification form is restricted to the purposes cited above. Any person, who knowingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208(f) (g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 408 (f) (g) and (h).”

Information will be provided as follows:

Provider:
Edge Information Management, Inc.

Receiver:
Miracle Village, Inc.
1208 Birmingham Street
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Signature of Applicant: _____

Date: _____





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LANDLORD REFERENCE

APPLICANT: _____

ADDRESS: _____

Dear Landlord:

The person listed above has applied for an apartment and has reported current or previous tenancy at your residence. The applicant's signature indicates their permission for you to supply the following information. Please complete this brief reference form and return it to the above address or fax as soon as possible.

Thank you.

Applicant's Signature

Date

1. Dates of residency: From _____ to _____.
2. Has the tenant paid rent on time? Yes____ No____
3. Is there any outstanding balance owed? Yes____ No____
4. Has housekeeping been acceptable? Yes____ No____
5. Have there been any complaints against the tenant, or members of their family or guests? Yes____ No____

What was the reason for vacating the unit? _____

Are there any other comments? _____

Landlord Signature: _____ Telephone Number: _____

Name of Business and /or Landlord: _____

Address: _____ City _____ State _____ Zip _____

